

MULTIPLE DEPENDENT CLAIM FEE CALCYAX ATION SHEET

(FOR USE\ ... H FORM PTO-875)

SERIAL NO.	5.3	5	3	Ting.	FILING DATE
APPLICANTO	, j-	 			L

	AS FILED			TER		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						DII.
3								52			. '			
								53			·			
5								54						
6								55						
7								56						
8								57						
9				·				58 59						
10		'						60						
11								61						
12								62						
13								63		-				
14								64						
15								65						
16								66						
17								67						
18							ŀ	68						
19								69						
20	<u></u>							70						
21								71						
22								72						
23 24								73						
25								74						
26								75						
27						· · · · ·		76 77						
28								78						
29								79						
30								80						
31								81	$\neg \neg$					
32					,			82						
33								83						
34								84						
35							, i	85						
36								86						
37								87						
38								88						
39.								89						
40						_		90						
41								91					· · ·	
43								92 93						
44								93						
45								95						
46								96	 			~		
47								97				i		
48								98						
49						•		99						
50								100						
TOTAL IND.	ı	4		1		#		TOTAL IND.		4		₩.		1
TOTAL DEP	8	4		4		4		TOTAL DEP		4		+		40
TOTAL CLAIMS	9							TOTAL CLAIMS						
PTO - 1360	(REV. 11/04))									FMENT of CO			